PATENT APPLICATION

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	Application or Docket Number
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i	10/6011 138

ON FEE DETERMINATION RECORD	10/1 120
ctive October 1, 2003	19/604,138

CLAIMS AS FILED - PART I							SMALL E TYPE [NTITY	~	OTHER SMALL		
(Column 1) (Column 2)									 T	OR T		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED NUMB		ER EXTRA		BASIC FEE	3\$5.00	OR	BASIC FEE	770.00	
TO	TAL CHARGE	ABLE CLAIMS	/0 minus 20= *			Ø		X\$ 9=		OR	X\$1.8=	
	DEPENDENT C		L. T			2		X4 2 =	84.00	OR	X86=	*
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	,
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1)		(Colum HIGHE		(Column 3)		SWALL		OR	SWALL	
ENTA		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	~1 A1A	=		X43=		OR	X86=	
L_	FIRST PRESE	INTATION OF MI	JUIPLE DEI	-ENDENT	CLAIIVI	<u> </u>		+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* ·	Minus	**		=		X\$ 9=	. 1	OR	X\$18=	
ME	Independent	*	Minus	***	Ŧ	= .		X43=	7-11	OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			011		
						,		+145=		OR	+290=	•
		•					. Al	TOTAL DDIT. FEE	لــــــــــــــــــــــــــــــــــــــ	OR	ADDIT. FEE	
			•									
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	ĺ	OR	X\$18=	
	Independent	*	Minus	***		= '		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-	+145=			+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	f the "Highest Nut	mber Previously Pa	id For IN THIS	S SPACE is I	ess than	20, enter "20."	AE	DOIT. FEE		OR ,	DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												